



# Board of Podiatric Medicine

2829 University Avenue S.E., Suite 430 • Minneapolis, MN 55414-3245

Phone: (612) 548-2175 • Fax: (612) 617-2698

www.podiatricmedicine.state.mn.us

**Instructions:** Use of this form is not required for the purposes of processing the complaint. However, for this office to process a complaint against a podiatrist licensed by the State of Minnesota, we need to receive a signed, written complaint.

Please state in detail all the facts relating to the complaint. Include all relevant names, dates, times, places and lists of documents or records which are in your possession or which you know to exist. Also, include copies of all documents or other records that may bear on this complaint in order to demonstrate it meets the criteria in Minnesota Statutes as grounds for disciplinary action.

When you have thoroughly stated your complaint, a) sign and date the Complaint Registration form, b) sign and date the Records Waiver Authorization, c) sign and date the Authorization to Release Complaint, and d) mail them and all supporting documentation to this office at the address shown above.

## COMPLAINT REGISTRATION

Full Name of Person Filing Complaint

Name of Doctor of Podiatric Medicine (DPM)

---

---

Address of Person Filing Complaint

Doctor's Office Address

---

---

City, State, Zip Code

City, State, Zip Code

---

---

Telephone Numbers

Doctor's Clinic Name

Home (\_\_\_\_\_) \_\_\_\_\_

---

Work (\_\_\_\_\_) \_\_\_\_\_

Doctor's Office Telephone Number

Cell (\_\_\_\_\_) \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

## Notice of Rights under the Minnesota Data Privacy Act:

I understand that I am not legally required to complete or return this form. It is offered so that the Board may properly and thoroughly evaluate and investigate this complaint and, if necessary, submit this information in any legal proceeding. Recognizing the Board's need to verify and, if necessary, legally pursue this complaint, I authorize the Board, its agents, and/or agents of the Attorney General's Office representing the Board to disclose this information to those whom they reasonably believe have a need to know.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature of Person Filing Complaint	Date
--------------------------------------	------

*You may provide a notarized signature at this time or at a later date. If you do not provide a notarized signature at this time, and if your complaint reaches the point in the disciplinary process where it is to be scheduled for a hearing, you will be contacted at that time to provide a notarized signature, as Minnesota law requires a notarized complaint on file before a hearing is scheduled.*

---

Signature of Person Filing Complaint

---

Date \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Signature of Notary Public

Notary Seal or Stamp

My commission expires:



# Board of Podiatric Medicine

2829 University Avenue S.E., Suite 430 • Minneapolis, MN 55414-3245

Phone: (612) 548-2175 • Fax: (612) 617-2698

[www.podiatricmedicine.state.mn.us](http://www.podiatricmedicine.state.mn.us)

## **AUTHORIZATION TO RELEASE COMPLAINT**

Having been informed of my rights under the Government Data Practices Act, I

\_\_\_\_\_, hereby authorize the Minnesota Board of

Podiatric Medicine, its agents, or the agents of the Office of the

Attorney General, to inform \_\_\_\_\_

(insert name of DPM your complaint is against)

of my complaint, by providing this health care professional copies of my

complaint documents.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

# Medical Information Release

## Authorization for Use and Disclosure of Protected Health Data

To: Any Privacy Officer/Health Care Professional

Having been informed of my rights under the Minnesota Government Data Practices Act, I authorize you to furnish a copy of my records in your possession to, or allow those records to be inspected and/or copied by the Minnesota Board of Podiatric Medicine, its agents, agents of the Attorney General's office representing the Board and any other appropriate state or federal governmental agencies as allowed by law.

I further authorize you, as a health care professional, to testify without limitation as to any and all of your findings and/or treatment referred to in said records and authorize the Board to use the information you provide along with the records in any legal proceeding which may arise out of this matter.

I release you, the Minnesota Board of Podiatric Medicine, its agents, and the agents of the Attorney General's office representing the Board from Liability for so releasing said records or so testifying, and waive any privileges afforded me by the law relating to disclosure or introduction into evidence of this health information.

I understand subsequent release of this information may result in the information no longer being protected by the HIPAA Privacy Rule (45 Code of Federal Rules 164).

A photocopy of this form is as valid as the original. This authorization expires at the end of one year from the date of consent, unless expressly revoked in writing earlier. Revocation does not limit the Board's use of the information obtained prior to the date of revocation.

---

Print or type Patient's Full Name

---

Signature of Patient or Patient's legal representative

---

Address

---

City/State/Zip

---

Date

---

Patient's Date of Birth

**GOVERNMENT DATA PRACTICES NOTICES  
COMPLAINANT TO THE BOARD OF PODIATRIC MEDICINE**

The Minnesota Board of Podiatric Medicine Complaint Resolution Committee is investigating your complaint against a licensed doctor of podiatric medicine. In order for the Committee to complete this investigation, it is requesting information from you relating to the complaint, including your medical records with the licensee.

The purpose of the information you are being asked to supply is to assist the Committee in investigating your complaint. The Committee will review the information, along with the complaint and any additional information obtained in the investigation, in order to determine what action, if any, should be taken against the licensee.

At this time, you are not legally required to supply the information. However, if you refuse to supply the information, the Committee may not be able to complete its investigation of your complaint.

You are advised that the information you supply will be accessible to Board members, Board staff and staff of the Office of the Attorney General. It may be released to other persons and/or governmental entities that have statutory authority to review the information, to investigate specific conduct and/or to take appropriate legal action, including but not limited to courts and other regulatory agencies. If the Board institutes a formal disciplinary action against the licensee that is litigated, the information you supply could become public.

## **Minnesota Statute Section 153.19 GROUNDS FOR DISCIPLINARY ACTION.**

**Subdivision 1. Grounds listed.** The board may refuse to grant a license or may impose disciplinary action as described in this section against any doctor of podiatric medicine. The following conduct is prohibited and is grounds for disciplinary action:

- (1) failure to demonstrate the qualifications or satisfy the requirements for a license contained in this chapter or rules of the board; the burden of proof shall be upon the applicant to demonstrate the qualifications or satisfaction of the requirements;
- (2) obtaining a license by fraud or cheating or attempting to subvert the licensing examination process;
- (3) conviction, during the previous five years, of a felony reasonably related to the practice of podiatric medicine;
- (4) revocation, suspension, restriction, limitation, or other disciplinary action against the person's podiatric medical license in another state or jurisdiction, failure to report to the board that charges regarding the person's license have been brought in another state or jurisdiction, or having been refused a license by any other state or jurisdiction;
- (5) advertising that is false or misleading;
- (6) violating a rule adopted by the board or an order of the board, a state, or federal law that relates to the practice of podiatric medicine, or in part regulates the practice of podiatric medicine, or a state or federal narcotics or controlled substance law;
- (7) engaging in any unethical conduct; conduct likely to deceive, defraud, or harm the public, or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient; or podiatric medical practice that is professionally incompetent, in that it may create unnecessary danger to any patient's life, health, or safety, in any of which cases, proof of actual injury need not be established;
- (8) failure to supervise a preceptor, resident, or other graduate trainee or undergraduate student;
- (9) aiding or abetting an unlicensed person in the practice of podiatric medicine, except that it is not a violation of this clause for a podiatrist to employ, supervise, or delegate functions to a qualified person who may or may not be required to obtain a license or registration to provide health services if that person is practicing within the scope of that person's license or registration or delegated authority;
- (10) adjudication as mentally incompetent, or a person who is mentally ill, or as a chemically dependent person, a person dangerous to the public, a sexually dangerous person, or a person who has a sexual psychopathic personality by a court of competent jurisdiction, within or without this state;

(11) engaging in unprofessional conduct that includes any departure from or the failure to conform to the minimal standards of acceptable and prevailing podiatric medical practice, but actual injury to a patient need not be established;

(12) inability to practice podiatric medicine with reasonable skill and safety to patients by reason of illness or chemical dependency or as a result of any mental or physical condition, including deterioration through the aging process or loss of motor skills;

(13) revealing a privileged communication from or relating to a patient except when otherwise required or permitted by law;

(14) improper management of medical records, including failure to maintain adequate medical records, to comply with a patient's request made under sections [144.291](#) to 144.298 or to furnish a medical record or report required by law;

(15) accepting, paying, or promising to pay a part of a fee in exchange for patient referrals;

(16) engaging in abusive or fraudulent billing practices, including violations of the federal Medicare and Medicaid laws or state medical assistance laws;

(17) becoming addicted or habituated to a drug or intoxicant;

(18) prescribing a drug for other than medically accepted therapeutic or experimental or investigative purposes authorized by a state or federal agency;

(19) engaging in sexual conduct with a patient or conduct that may reasonably be interpreted by the patient as sexual, or in verbal behavior which is seductive or sexually demeaning to a patient;

(20) failure to make reports as required by section [153.24](#) or to cooperate with an investigation of the board as required by section [153.20](#);

(21) knowingly providing false or misleading information that is directly related to the care of that patient unless done for an accepted therapeutic purpose such as the administration of a placebo.

**Subd. 2. Evidence.** In disciplinary actions alleging a violation of subdivision 1, clause (3) or (4), a copy of the judgment or proceeding under the seal of the court administrator or of the administrative agency that entered the same is admissible into evidence without further authentication and constitutes prima facie evidence of the contents of that judgment or proceeding.

**History:** [1987 c 108 s 8](#); [1992 c 559 art 1 s 7](#); [1Sp1994 c 1 art 2 s 17](#); [2002 c 221 s 7](#); [2004 c 279 art 8 s 4](#); [2007 c 147 art 10 s 15](#)